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SEP 12 2005

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48583 7590 06/09/2005

Bracewell & Giuliani LLP
PO BOX 61389
HOUSTON, TX 77208-1389

09/13/2005 AKELECH2 00000042 502587 10606140

01 FC:1501 1400.00 DA
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Betty J. Kirk	(Depositor's name)
	(Signature)
September 9, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/606,140	06/25/2003	Andre Siriluporn Chan	HSJ920030034US1	7797

TITLE OF INVENTION: SYSTEM, METHOD, AND APPARATUS FOR CENTERING A DISK CLAMP TO THE HUB OF A SPINDLE MOTOR IN A HARD DISK DRIVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
RENNER, CRAIG A	2652	360-099120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Bracewell & Giuliani LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2 _____	2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Hitachi Global Storage Technologies
Netherlands B.V.**

Amsterdam, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 2

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2587 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Michael E. Noe

Date September 9, 2005

Typed or printed name Michael E. Noe, Jr.

Registration No. 44,975

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